



2010 Health Plan Quality Awards

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division



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Introduction

MRMIB recognizes and celebrates the efforts made by health plans to improve the quality of care for California's children enrolled in the Healthy Families Program (HFP). The Healthcare Effectiveness Data and Information Set (HEDIS) is the primary data source used by MRMIB to assess the quality of health care provided to HFP subscribers. Health plans report HEDIS data for the period of January 1 through December 31 each year.

HEDIS data is uniformly collected by HFP health plans across the State and submitted to MRMIB annually for plan performance evaluation. This process requires substantial effort and cooperation from all participants. MRMIB wishes to thank and recognize ALL plans for their data submission. Each health plan's performance is available to HFP subscriber families to assist them in selecting their Healthy Families health plan.

Using three years of HEDIS data (2007 through 2009), MRMIB evaluated HFP health plan performance in these areas: Highest Overall Performance in 2008, Highest Overall Performance in 2009, Most Improved in 2008, and Most Improved in 2009. The purpose of these evaluations is to identify and recognize the highest scoring HFP health plans in these areas, relative to other HFP health plans.

Plans Recognized for Performance and Improvement

HFP Plans Achieving Superior Performance		
	2008	2009
	CalOptima Contra Costa Health Plan Health Plan of San Mateo Kaiser Foundation Health Plan North Kaiser Foundation Health Plan South San Francisco Health Plan	Kaiser Foundation Health Plan South
Most Improved HFP Health Plans		
	2008	2009
	Community Health Group	Kaiser Foundation Health Plan South
Special Recognition: Adolescent Quality Improvement		
	Community Health Plan	

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Analysis Methodology

Superior Performance for 2008 and for 2009

MRMIB staff analyzed health plan data on eleven rates for ten HEDIS measures; the *Childhood Immunization Status* measure has two rates, one for each combination of vaccines. These ten HEDIS measures are included as Attachment 4. The average of each plan's eleven HEDIS rates is their composite HEDIS performance score. MRMIB conducted a cluster analysis using these composite scores to produce five clusters of performance ranging from low to superior. The resulting HEDIS clusters for 2008 and 2009 are included as Attachment 1 and Attachment 2, respectively.

The purpose of the cluster analysis is to place health plans into groups or "clusters" in which the health plans in a given cluster are similar to each other. The analysis assigns each health plan to a different "cluster" based on the plan's performance. Cluster analysis minimizes differences within each cluster and maximizes differences between clusters. For example, while the 2008 composite HEDIS scores ranged from 57 to 76 percent, the differences in scores within each cluster are approximately the same, between 1 and 4 percent. The range of 2009 composite HEDIS scores was wider, from 56 to 83 percent, with variation within each cluster between 2 and 5 percent.

Most Improved Plan in 2008 and in 2009

Another analysis was conducted which grouped health plans based on improvement in HEDIS rates from 2007 to 2009. This analysis included ten rates for each measurement year (a total of 30 HEDIS rates) from nine HEDIS measures. For this analysis, MRMIB staff calculated improvement between each plan's 2007 and 2008 rates, and 2008 and 2009 rates. This calculation resulted in one total improvement score for 2008 and one total improvement score for 2009, for each HFP plan.

All health plans show improvements of at least one percent in at least one HEDIS measure from year to year. However, some plans show significant improvements (greater than one percent) between years. A high total improvement score indicates significant improvements between years in several measures. In contrast, a lower total improvement score indicates minimal improvements between years in fewer measures. The results for most improved plan in 2008 and most improved plan for 2009 are included as Attachment 3.

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Special Recognition: Adolescent Quality Improvement Efforts

In addition to the evaluations relative to HEDIS, MRMIB wants to recognize plan efforts related to improving services for adolescents.

In July 2009, MRMIB surveyed the HFP health plans with the highest scores on adolescent quality measures (HEDIS *Adolescent Well-Care Visits* measure and Young Adult Health Care Survey) to determine best practices these plans could share with plans with the lowest scores. In January 2010, MRMIB followed up with the low scoring plans to discuss progress and any new activities they had implemented.

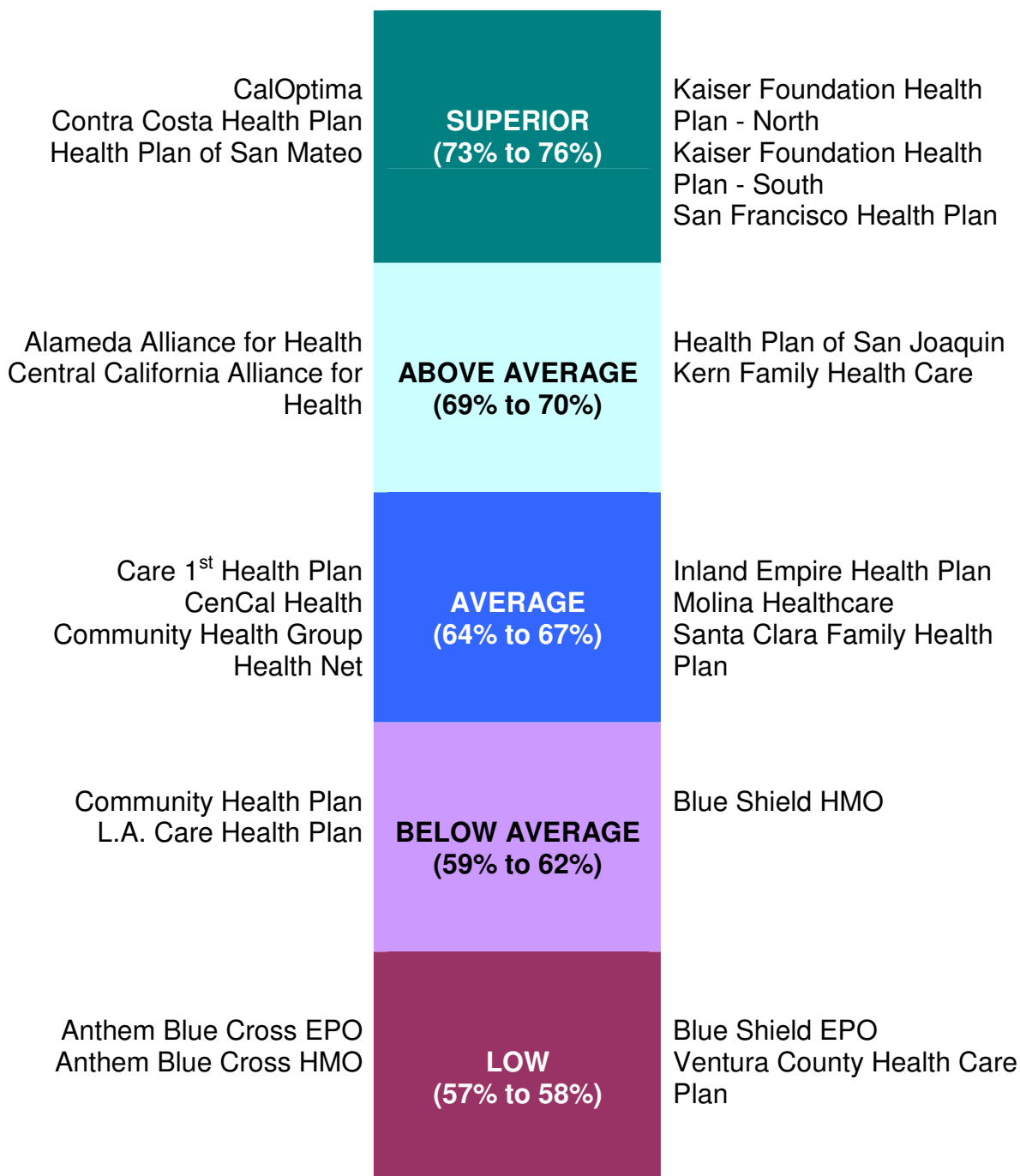
Community Health Plan was among the lowest scoring plans in adolescent quality measures in 2008. Community Health Plan was eager to learn from the high scoring plans and implement strategies to improve adolescent health care. Community Health Plan developed a toolkit and reached out to their providers to improve health care services to adolescents.

For these reasons, MRMIB recognizes Community Health Plan for their efforts to improve the quality of health care provided to adolescents.

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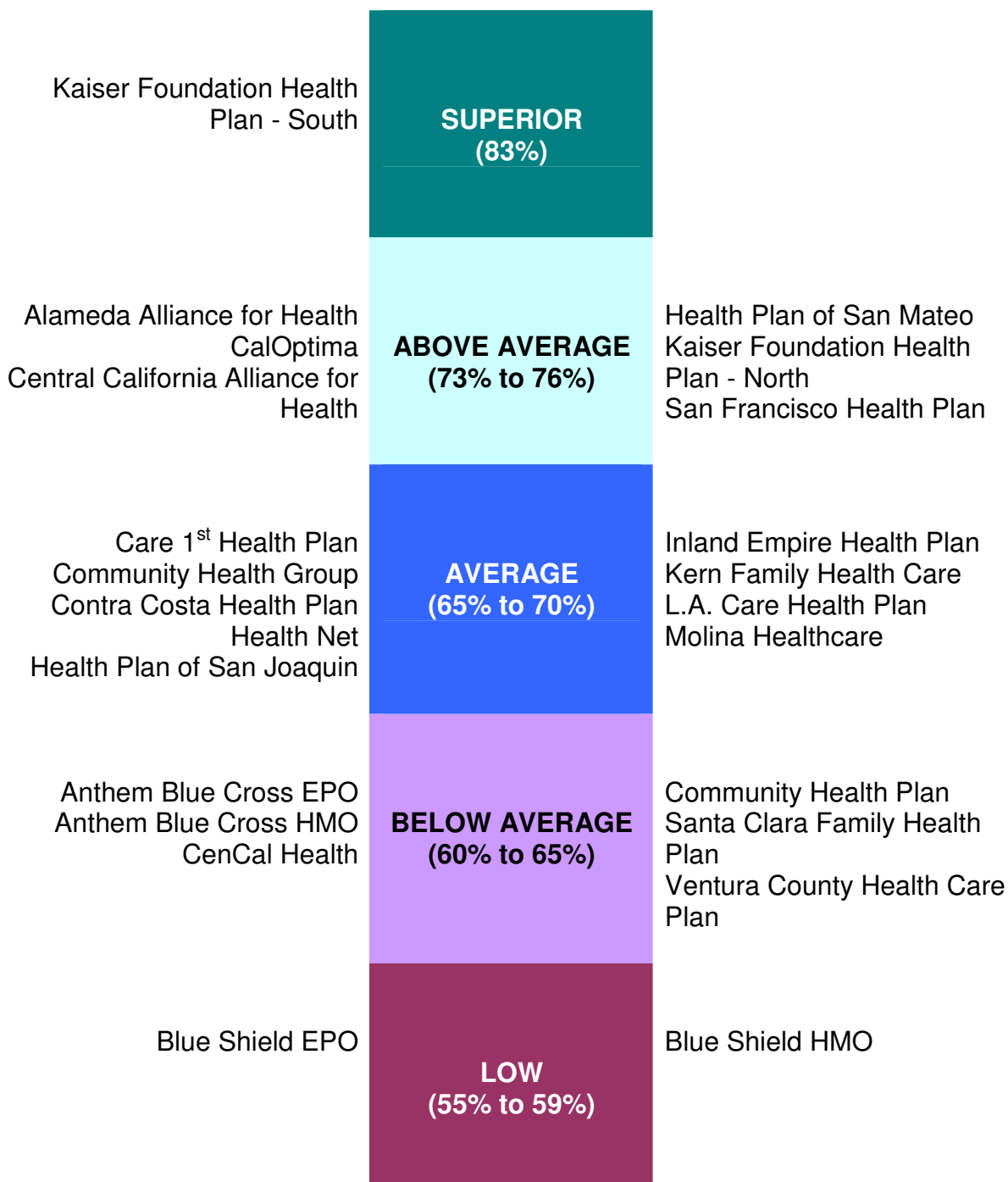
HEDIS Performance Clusters: 2008



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HEDIS Performance Clusters: 2009



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Most Improved Plans

Most Improved Plan - 2008:

- Community Health Group

Most Improved Plan - 2009:

- Kaiser Foundation Health Plan - South

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HEDIS Measures

Measure	Definition
Childhood Immunization Status, Combination 2 and 3	The percentage of children under the age of 2 who received the recommended immunizations by their second birthday.
Lead Screening in Children ¹	The percentage of children who receive one or more blood tests for lead toxicity by their second birthday.
Well-Child Visits in the First 15 Months of Life	The percentage of children who had 6 or more well-child visits during the first 15 months of life.
Well-Child Visits in the 3 rd , 4 th , 5 th and 6 th Years of Life	The percentage of children ages 3 to 6 years old who received at least one well-child visit with a PCP.
Adolescent Well-Care Visits	The percentage of adolescents ages 12 to 18 years of age who had one or more well-care visits with a PCP or OB/GYN.
Children and Adolescents' Access to Primary Care Practitioners	The percentage of children ages 12 months to 18 years who had a visit with a PCP during the measurement year. Five rates are calculated for this measure: cohort 1 (12 – 24 months), cohort 2 (25 months – 6 years), cohort 3 (7 – 11 years), cohort 4 (12 – 18 years), and total (rate for 12 months to 18 years of age). The total of all rates was used for the cluster analyses.
Use of Appropriate Medications for People with Asthma	The percentage of children ages 5 to 18 years who were identified as having persistent asthma, and received a medication that is considered appropriate for the long-term control of asthma.
Appropriate Treatment for Children with Upper Respiratory Infections	The percentage of children ages 3 months to 18 years who had an upper respiratory infection and were not prescribed an antibiotic.
Appropriate Testing for Children with Pharyngitis	The percentage of children ages 2 to 18 years who were diagnosed with pharyngitis and received a Group A streptococcus test prior to being dispensed an antibiotic.
Chlamydia Screening	The percentage of sexually active young women ages 16 to 18 years who were screened for Chlamydia.

¹ *Lead Screening in Children* was not reported in 2007; reporting of this measure began in 2008.